1. PLACE OF BIRTH	BUREAU OF V	BOARD OF HEALTH THAL STATISTICS TIFICATE OF BIRTH	State File No
County Gela		State	<u></u>
District or Township		or Village	÷
City Housell	n No		St.,Ward
2. Full name of child Tung	un fu M	Soun	its NAME instead of street and number (If child is not yet named, make) supplemental report, as directed.
3. Sex of Child To be answered in event of plu births.			7. Dat Day 15 19 29 Month Day Year
Fall name of from	Levin Me	14. Full maiden name	MOTHER Quality
2. Residence (Usual place of about)	John	15. Residence (Usual place of a col	Lolin
If non-resident, give place and	fate.	If non-resident, give	place and state.
10 Calorfor rack	Age at last birthday (Yea	16. Color or race	17. Age at last birthday (Years)
12. Birthplace (city or place)	rachittail	18. Birthplace (city or	place)
13. Occupation Nature of industry	thon Op	19. Occupation Nature of industry	oun tip
26. Number of children of this m	other / (a) Born al	ive and now living	21. Were precautions taken against opk-
Taken as of time of birth of ch certified and including this chile	.) (c) Stillborn	ive but now dead	thalmin neonatorum?
	CERTIFICATE OF ATTENT	DING PHYSICIAN OR MIDWI	FE's m. on the date above stated
I hereby certify that I sitended		(Born alife or stillborn)	withoms
or midwife, then the father, ho otc., should make this return. A child is one that neither browshows other evidence of life af	stillborn		(Physiolati) op. midwife).
Given name added from a supplemental report		They	du lu un
1	Filed	Upr 20, 10, 29	Wegletrar